HEALTH NET FOUNDATION GRANTS $200,000 TO HELP EASE THE HOPELESSNESS OF HOMELESSNESS

Grants to JWCH and OPCC will assist in establishing pilot programs to provide inpatient and outpatient care and temporary housing for Los Angeles County homeless patients

LOS ANGELES, December 15, 2015 – Health Net Foundation, Inc., the charitable foundation of Health Net, Inc., is providing grants of $100,000 each to JWCH Institute, Inc. and OPCC to assist in establishing pilot programs aimed at providing inpatient and outpatient care and temporary housing to Los Angeles County homeless patients.

“Statistics show that nearly one-third of Los Angeles County’s homeless live with mental illness, one quarter suffer from substance abuse and one-fifth have a physical disability,” said Patricia Clarey, president of Health Net Foundation. “It’s important that groups and organizations come together to address the medical and social issues surrounding homelessness, and we hope to support an approach that looks at them from several angles, including housing and access to health care.”

JWCH Institute, Inc.

JWCH is a federally qualified health center providing medical, specialty, behavioral, HIV/AIDS health care services to approximately 30,000 homeless patients in Los Angeles County annually.

With its grant, JWCH will temporarily house homeless patients while their medical and social service needs are being assessed. JWCH case managers then will work to connect the patients to long-term housing and needed medical care.
“Studies have consistently shown that housing is the anchor for effectively delivering health care to the homeless population,” said Al Ballesteros, chief executive officer of JWCH. “If we can address the very basic need for housing, then we can begin addressing the medical and social service needs of the homeless population.”

**OPCC**

Non-profit social services agency OPCC provides housing and comprehensive, fully integrated medical, mental health and substance abuse treatment for the homeless in Santa Monica and the Westside of Los Angeles County.

Under its grant, OPCC will assign a staffer to the Providence Saint John’s Medical Center emergency department to assist in moving homeless patients into housing and connect them to needed outpatient medical services, either at Venice Family Clinic or with local physicians.

“Many homeless people are frequent utilizers of the emergency department, contributing to a costly and repetitive cycle of services on an already overburdened system,” said John Maceri, executive director of OPCC. “Through this pilot, we hope to demonstrate that a modest investment in a care coordinator can help stabilize these individuals’ health, improve their quality of life and help save avoidable costs to the entire system.”

**About Health Net**

Health Net, Inc. (NYSE:HNT) is a publicly traded managed care organization that delivers managed health care services through health plans and government-sponsored managed care plans. Its mission is to help people be healthy, secure and comfortable. Health Net provides and administers health benefits to approximately 6.1 million individuals across the country through group, individual, Medicare (including the Medicare prescription drug benefit commonly referred to as “Part D”), Medicaid and dual eligible programs, as well as programs with the U.S. Department of Defense and U.S. Department of Veterans Affairs. Health Net also offers behavioral health, substance abuse and employee assistance programs, and managed health care products related to prescription drugs.

For more information on Health Net, Inc., please visit Health Net’s website at [www.healthnet.com](http://www.healthnet.com).
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Reconciliation Act of 2010 and the regulations promulgated thereunder (collectively, the “ACA”) as well as any related fees, assessments and taxes; the company’s ability to successfully participate in California’s Coordinated Care Initiative, which is subject to a number of risks inherent in untested health care initiatives and requires the company to adequately predict the costs of providing benefits to individuals that are generally among the most chronically ill within each of Medicare and Medi-Cal and implement delivery systems for benefits with which the company has limited operating experience; the company’s ability to successfully participate in the federal and state health insurance exchanges under the ACA, which involve uncertainties related to the mix and volume of business that could negatively impact the adequacy of the company’s premium rates and may not be sufficiently offset by the risk apportionment provisions of the ACA; increasing health care costs, including but not limited to costs associated with the introduction of new treatments or therapies; the company’s ability to reduce administrative expenses while maintaining targeted levels of service and operating performance; the recompetition of the company’s T-3 contract for the TRICARE North region; negative prior period claims reserve developments; rate cuts and other risks and uncertainties affecting the company’s Medicare or Medicaid businesses; trends in medical care ratios; membership declines or negative changes in the company’s health care product mix; unexpected utilization patterns or unexpectedly severe or widespread illnesses; failure to effectively oversee the company’s third-party vendors; noncompliance by the company or the company’s business associates with any privacy laws or any security breach involving the misappropriation, loss or other unauthorized use or disclosure of confidential information; the timing of collections on amounts receivable from state and federal governments and agencies; litigation costs; regulatory issues with federal and state agencies including, but not limited to, the California Department of Managed Health Care and Department of Health Care Services, the Arizona Health Care Cost Containment System, the Centers for Medicare & Medicaid Services, the Office of Civil Rights of the U.S. Department of Health and Human Services and state departments of insurance; operational issues; changes in political, economic or market conditions; investment portfolio impairment charges; volatility in the financial markets; and general business and market conditions. The factors described in the context of such forward-looking statements in this press release could cause the company or Centene’s plans with respect to the proposed merger, actual results, performance or achievements, industry results and developments to differ materially from those
expressed in or implied by such forward-looking statements. Additional factors that could cause actual results to differ materially from those reflected in the forward-looking statements include, but are not limited to, the risks discussed in the “Risk Factors” section included within the company’s most recent Annual Report on Form 10-K and subsequent Quarterly Reports on Form 10-Q filed with the SEC and the other risks discussed in the company’s filings with the SEC. Readers are cautioned not to place undue reliance on these forward-looking statements. Except as may be required by law, the company undertakes no obligation to address or publicly update any of its forward-looking statements to reflect events or circumstances that arise after the date of this release.

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